

Homelessness and Related Issues

Key issues about homelessness and related issues in King County:

- Nearly 8,000 people are estimated to be homeless.
- Approximately 2 percent of people living with HIV/AIDS are homeless.
- An estimated 150,000 King County residents are at increased risk for HIV infection due to drug and alcohol use.
- Approximately 2 percent of city and county jail and prison inmates have HIV/AIDS.

Homelessness and Related Issues in the National Context

The housing affordability crisis in the United States has been a driving factor for a burgeoning homeless population. It is estimated that on any given night, 750,000 Americans are homeless, and up to 2 million are homeless at some point each year.⁷⁵ **The U.S. homeless population has an estimated median rate of HIV prevalence of at least three times higher—3 percent versus 1 percent—than the general population.**⁷⁶ Among more than 13,000 people living with HIV/AIDS surveyed by AIDS Housing of Washington (AHW) since 1993, 40 percent indicated they had been homeless at some point in their lives.⁷⁷

When people are unable to afford housing, they are at risk of becoming homeless. People staying in homeless shelters represent a portion of the homeless population. Other marginally housed people may be staying in substandard housing, in cars, or in temporarily doubled-up situations with friends or relatives. Homeless services are available but meet only part of the outstanding need.

Increasingly, people living with HIV/AIDS also have substance use or mental health issues that may or may not be combined with homelessness. People with both substance use issues and mental illness are at a greater risk for HIV/AIDS, are over represented in the homeless population, and experience more barriers to housing and healthcare. In a 2001 study, 40 percent of people receiving HIV care reported using an illegal drug other than marijuana in the preceding twelve months, and 12 percent were found to be “drug dependent.”⁷⁸ Thirty-one percent of people living with HIV/AIDS surveyed by AIDS Housing of Washington reported a disability related to substance use issues, and 30 percent reported being disabled by mental illness.⁷⁹ Studies of various segments of

⁷⁵ National Alliance to End Homelessness, *Facts About Homelessness*, Fact Sheet. Available online: www.naeh.org/back/factsus.htm (Accessed: January 10, 2002).

⁷⁶ Higher rates (8.5 to 62 percent) have been found in selected homeless sub-populations. Song, John M.D., M.P.H., M.A.T., *HIV/AIDS & Homelessness: Recommendations for Clinical Practice and Public Policy*, November 1999, National Health Care for the Homeless Council, Health Care for the Homeless Clinician's Network, p. 1. Available online: www.nhchc.org (Accessed: January 10, 2002).

⁷⁷ AIDS Housing of Washington, *Fact Sheet: AIDS Housing Survey*, 2003. Available online: www.aidshousing.org/ahw_library2275/ahw_library_show.htm?doc_id=76974 (Accessed: April 1, 2004).

⁷⁸ Eric G. Bing, MD, PhD, MPH, et al., “Psychiatric Disorders and Drug Use Among Human Immunodeficiency Virus-Infected Adults in the United States,” *Arch Gen Psychiatry*, vol. 58, August 2001, p. 721.

⁷⁹ AIDS Housing of Washington, *Fact Sheet: AIDS Housing Survey*, 2003. Available online: www.aidshousing.org/ahw_library2275/ahw_library_show.htm?doc_id=76974 (Accessed: April 1, 2004).

the population with mental illness have found HIV prevalence rates ranging from 4 percent to 18 percent, compared to an estimated prevalence of 1 percent in the general population.⁸⁰

Substance use and homelessness are also closely associated with incarceration and involvement with the criminal justice system. Particularly as people with HIV/AIDS live longer lives, incarceration is a growing concern. The prevalence of AIDS among inmates is five times higher than that in the general population.⁸¹ The Department of Justice found that female prisoners have a higher infection rate than male prisoners—4 percent versus 2 percent.⁸² Having a criminal history can make a person ineligible for many types of housing and services, as well as limit employment opportunities.

Appropriate services and housing for people with histories of homelessness, mental illness, substance use, and/or incarceration can make a critical difference in improving health and quality of life. For example, housing stability is often necessary for a person living with HIV/AIDS to gain access to healthcare and adhere to treatment regimens. Individuals who have had histories of substance use, mental illness, and homelessness often need ongoing support services in order to maintain stable housing. People affected by these issues may need job skills training and ongoing support in order to obtain and maintain employment.

Definition of Homelessness

One of the many challenges in counting the number of individuals who are without housing starts with the fundamental definition of homelessness. For example, the McKinney-Vento Homeless Assistance Act, administered by HUD, defines homelessness as:

an individual who lacks a fixed, regular, and adequate nighttime residence; and an individual who has a primary nighttime residence that is (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations; (B) an institution that provides a temporary residence for individuals intended to be institutionalized; or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.⁸³

Programs that receive federal funding under McKinney-Vento are limited to this definition, which is often interpreted with slight variations at the federal, state, and local levels. Individuals and families that are living in overcrowded housing, staying with family or friends, or are struggling to keep their current housing are not considered homeless under the federal standards. In many cases, individuals and families in rural areas who rely on informal networks or substandard shelter do not meet the federal criteria for homelessness, and therefore are not eligible for assistance.

⁸⁰ American Psychiatric Association, Office on HIV Psychiatry, *HIV and People with Severe Mental Illness*, slide 9, July 2002. Available online: <http://www.psych.org/aids/modules/illness/sld009.htm> (Accessed: March 27, 2003).

⁸¹ National Commission on Correctional Health Care, *The Health Status of Soon-to-be-Released Inmates: A Report to Congress*, p. 17. Available online: www.ncchc.org/stbr/Volume1/Chapter3.pdf (Accessed: March 20, 2003).

⁸² Laura M. Maruschak, *HIV in Prisons, 2000*, U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, October 2002, NCJ196023. Available online: www.ojp.usdoj.gov/bjs/pub/pdf/hivp00.pdf (Accessed March 20, 2003).

⁸³ U.S. Department of Housing and Urban Development, Community Planning and Development, McKinney-Vento Homeless Assistance Act, Title I – General Provisions, Section 103. Available online: www.hud.gov/offices/cpd/homeless/rulesandregs/laws/title1/sec11302.cfm (Accessed: May 28, 2004).

The City of Seattle has incorporated a new definition of homelessness in policies and strategic plans in order to better address gaps in housing and services and to identify solutions. The clarified language from the Draft *City of Seattle Consolidated Plan*, (June 1, 2004) includes:

Episodically homeless persons are those who may cycle back and forth from being housed to being homeless. They are usually homeless for a short period of time.

Transitionally homeless persons are those who generally move quickly through the homeless assistance system. Their principle need is for safe, decent, and affordable housing. Transitionally homeless people are typically working entry-level jobs as well as those, such as seniors, who are on fixed incomes. An increase in rent, loss of a job, or medical emergency could result in the loss of their income. Transitionally homeless persons are those who are homeless for six or fewer months.

Chronically homeless persons experience a disabling condition and have either been continuously homeless for a year or more or have had at least four episodes of homelessness in the past three years. These persons often go from shelter to shelter and sometimes live on the streets. Although HUD is focusing attention on unaccompanied individuals who are chronically homeless, Seattle also includes families in this definition.⁸⁴

Homelessness and Related Issues in Seattle-King County

For the past 25 years, the Seattle-King County Coalition for the Homeless has completed an annual one-night count of people who are homeless. The research involves a street count in limited parts of Seattle, Kent, and North King County, a comprehensive survey of emergency shelter and transitional programs throughout the County, and an approximation of the number of people unsheltered in the balance of the county. The Coalition estimates that on any given night there are 8,000 people who are homeless in King County.⁸⁵

The 2003 count found 4,617 people utilizing shelter or transitional housing services, 1,899 people surviving outside without shelter, and an estimated 1,500 people living unsheltered in the balance of the County.⁸⁶ One of the most noticeable findings from the 2003 street count was the number of people found in neighborhoods outside of downtown Seattle. More than 250 people were sighted in the Ballard neighborhood, which is more than double the number counted in 2002. In addition, seventy-three people were identified in the City of Kent.⁸⁷ Forty-six individuals self-reported that they were HIV-positive or had AIDS. Nearly 1,400 individuals reported at least one disability.⁸⁸

⁸⁴ City of Seattle, *Draft Consolidated Plan, The Nature and Extent of Homelessness*, June 1, 2004, p. 1.

⁸⁵ Seattle-King County Coalition for the Homeless, *The 2003 Annual One Night Count of People who are Homeless in King County*, Washington, March 2004.

⁸⁶ Ibid.

⁸⁷ Ibid, p. 5.

⁸⁸ Ibid, p. 10.

Table 11 presents the total estimated people living on the streets for the past five years.

Table 11:
Individuals Found Living on the Streets in Seattle-King County, 2000–2004

	2000		2001		2002		2003	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Men	515	47%	718	49%	920	45%	797	42%
Women	83	8%	129	9%	163	8%	172	9%
Unknown	433	40%	528	36%	918	45%	879	46%
Minor	54	5%	79	5%	39	2%	51	3%
Total	1,085	100%	1,454	100%	2,040	100%	1,899	100%

Source: Seattle-King County Coalition for the Homeless, *The 2003 Annual One Night Count of People who are Homeless in King County*, Washington, March 2004, p. 3.

Note: Percent calculated by AHW.

Providers were surveyed during the one night count and asked to list the last permanent address of persons utilizing their services. Information was collected on more than 70 percent of the households being served. Eighty-five percent of the emergency shelter and transitional programs that participated in the survey are located in the City of Seattle. In contrast, only 52 percent of households reported Seattle as their last permanent address.⁸⁹

Table 12 shows the last permanent address for households identified in the one night count survey over the past three years.

Table 12:
Last Permanent Address of Households Surveyed

Location	2001	2002	2003
Seattle	1,220	1,131	1,046
North or East King County	253	200	232
South King County	245	292	275
Washington State (outside of King County)	226	232	137
Out of state	495	367	338
Unknown	N/A	177	230
Information not monitored	N/A	738	868
Total Households	3,047	3,137	3,126

Source: Seattle-King County Coalition for the Homeless, *The 2003 Annual One Night Count of People who are Homeless in King County*, Washington, March 2004, p. 11.

⁸⁹ Ibid, p. 10.

The 2003 survey asked programs to report the number of people who had been released from an institution within the past two years. A total of 669 people who were homeless reported being released from an institution, such as inpatient drug and alcohol treatment, prison, and foster care.⁹⁰ **Table 13** presents the data.

Table 13:
Instances of Institutional Discharge to Homelessness

Type of Institution	2002	2003
Psychiatric hospital	75	61
Hospital for physical illness	80	111
Foster care system	15	33
Inpatient drug and alcohol treatment	141	136
Jail, prison, or work release facility	124	212
Total	434	669

Source: Seattle-King County Coalition for the Homeless, *The 2003 Annual One Night Count of People who are Homeless in King County*, Washington, March 2004, p. 11.

Continuum of Care Housing Gaps Analysis

The City of Seattle Continuum of Care staff provided data on the inventory of homeless beds and units in Seattle-King County, as of June 2004. The inventory is updated on an annual basis through a review of all housing programs listed on local information and referral databases, reports of new projects from local housing development funding, meetings with contract specialists who monitor housing programs to identify any changes in the past year, and contact with organizations to verify information.

⁹⁰ Ibid, p. 11.

Table 14 presents the housing gaps analysis chart included in the 2004 Seattle-King County Continuum of Care Homeless Assistance Application, Exhibit 1. Housing gaps were determined using the housing inventory, the 2003 One Night Street Count, and estimates.⁹¹

Table 14:
Continuum of Care: 2004 Housing Gaps Analysis Chart

Type of Housing (Beds)	Current Inventory 2004	Under Development 2004	Unmet Need/Gap
Individuals			
Emergency Shelter	1,962	0	50
Transitional Housing	1,404	93	50
Permanent Supportive Housing	1,865	183	950
Total	5,231	276	1,050
Persons in Families with Children			
Emergency Shelter	761	51	20
Transitional Housing	2,634	407	40
Permanent Supportive Housing	434	45	150
Total	3,829	506*	210

Source: 2004 Seattle-King County Continuum of Care Homeless Assistance Application, Exhibit 1, p. 1b.

*Actual total for column is 503. The total of 506 was included in the 2004 Seattle-King County Continuum of Care Homeless Assistance Application, Exhibit 1.

Homelessness and HIV/AIDS

At the time of HIV or AIDS diagnosis, Public Health – Seattle & King County (Public Health) reports individuals as homeless only if they do not report a resident zip code, which likely undercounts the number of homeless people living with HIV/AIDS in the County. However, based on Public Health's reporting, an estimated 2 percent of King County residents living with HIV/AIDS are considered homeless. Most are likely to be persons of color and have been exposed to HIV through injection drug use, compared to those who were not homeless at the time of diagnosis.⁹²

⁹¹ 2004 Seattle-King County Continuum of Care Homeless Assistance Application, Exhibit 1, p. 1b.

⁹² Public Health–Seattle & King County, *2003 HIV/AIDS Epidemiological Profile for Community Planning: A report to the community prepared by the HIV/AIDS Epidemiology Unit, Public Health–Seattle & King County*, p. 44.

Table 15 shows the demographics for the estimated population as of December 2002.

Table 15:
King County Residents Living with HIV/AIDS
as of December 2002, by Homeless Status

Demographic Category	Homeless		Not Homeless	
	Number	Percent	Number	Percent
<u>Race/Ethnicity</u>				
White/Caucasian	45	51%	3,687	73%
African American/Black	30	34%	740	15%
Hispanic/Latino	7	8%	405	8%
Asian/Pacific Islander	-	-	108	2%
Native American/Alaskan Native	7	8%	77	2%
Unknown Race	-	-	9	<1%
<u>Gender</u>				
Male	76	85%	4,572	91%
Female	13	15%	454	9%
<u>Age</u>				
0 - 19	5	5%	121	2%
20 - 24	11	12%	492	10%
25 - 29	15	17%	1,007	20%
30 - 39	43	48%	2,212	44%
40 - 49	11	12%	932	19%
50 - 59	4	4%	262	5%
<u>Transmission Category</u>				
Men who have Sex with Men (MSM)	22	25%	3,562	71%
Injection Drug User (IDU)	33	37%	311	6%
MSM/IDU	25	28%	440	9%
Heterosexual	3	3%	328	7%
Undetermined/Other	6	7%	385	8%
Total	89	100%	5,026	100%

Source: Public Health–Seattle & King County, 2003 *HIV/AIDS Epidemiological Profile for Community Planning: A report to the community prepared by the HIV/AIDS Epidemiology Unit, Public Health – Seattle & King County*, p. 44.

Substance Use, Mental Health, and HIV/AIDS in Seattle-King County

In King County there are an estimated 150,000 people who are at increased risk for HIV infection due to drug and alcohol use. Among individuals who use injection drugs in King County, the rate of HIV/AIDS tends to be lower than among men who have sex with men, as is the case in many cities in the western United States. The proportion of HIV/AIDS cases attributed to injection drug use among heterosexuals has increased from 4 percent in 1982–1987 to 7 percent in 2000–2002. The rate in King County is significantly lower than the national average (25 percent) and the average in Washington State (15 percent).⁹³

History of Incarceration and HIV/AIDS in Seattle-King County

Incarcerated populations also tend to have a higher HIV prevalence rate than the general population. Voluntary HIV testing has occurred since 1986 at the Regional Justice Center in Kent and the King County Correctional Facility in downtown Seattle. Results have shown that approximately 2 percent of inmates had HIV/AIDS, or 247 out of 13,025 individuals tested. The rate was the same for females and males. According to a study completed by the Washington State Department of Health (DOH), a total of 90 persons incarcerated in state and federal prisons in Washington were known to be infected with HIV at the end of 2000.⁹⁴

Homelessness, Tuberculosis, and HIV/AIDS

According to Public Health – Seattle & King County’s Tuberculosis Control Program and the Health Care for the Homeless Network (HCHN), Seattle is experiencing an outbreak of tuberculosis (TB) among homeless people. In 2001, Public Health reported 12 active cases of TB diagnosed among homeless persons. In 2002, the number of cases identified rose to 30 and in 2003 the number increased to 35. Of the 65 cases identified during 2002 and 2003, 40 percent were among Native Americans. Native populations represent only an estimated 5 percent of the overall homeless population in King County.⁹⁵ In addition, 10 out of the 65 individuals (15 percent) with TB also tested positive for HIV.⁹⁶

Because HIV infection weakens the immune system, people with HIV infection are at very high risk of developing TB disease once they have been exposed to TB bacteria. People with HIV infection are 100 times more likely to develop TB disease than people who do not have HIV. They are also more likely to develop extra-pulmonary TB than people with a healthy immune system. Though more complicated to treat in people with HIV, TB is still curable and it is important for people with HIV who are exposed to TB bacteria to get screened and discuss preventive treatment options.

⁹³ Public Health–Seattle & King County, *2003 HIV/AIDS Epidemiological Profile for Community Planning: A report to the community prepared by the HIV/AIDS Epidemiology Unit, Public Health–Seattle & King County*, p. 36.

⁹⁴ Public Health–Seattle & King County, *2003 HIV/AIDS Epidemiological Profile for Community Planning: A report to the community prepared by the HIV/AIDS Epidemiology Unit, Public Health–Seattle & King County*, p. 46.

⁹⁵ Health Care for the Homeless Network, Fact Sheet, May 2004. More information is available online: www.metrokc.gov/health/hchn/about.htm.

⁹⁶ Public Health Tuberculosis Control Program, *Summary Demographics for Homeless TB Cases 2002 – 2003, Seattle & King County*.

Ongoing Efforts to Address Homelessness and Related Issues in Seattle-King County

A number of efforts to address homelessness and related issues in Seattle-King County have been initiated since 2000. Below are seven new or ongoing collaborations designed to increase the number of housing units in the county, coordinate services and housing, and improve opportunities for people who are chronically homeless.

Health Care for the Homeless Network

The Health Care for the Homeless Network (HCHN) is a community project of Public Health – Seattle & King County that provides quality, comprehensive health care for people experiencing homelessness in King County and provides leadership to help change the conditions that deprive residents of home and health. HCHN collaborates with twelve community-based partner agencies to work with homeless people in more than 60 locations throughout King County, and also provides services to homeless people through Public Health clinics and programs.

HCHN serves homeless adults, families, and youth in King County, including those on the streets, in shelters, day centers, transitional housing programs, hospitals, and other locations. Interdisciplinary outreach teams visit homeless sites to provide services to clients of those programs. The teams include nurses, mental health and substance use counselors, and medical coverage advocates. Over 8,000 unduplicated homeless people are served each year. Staff work to address health issues that are often a cause or consequence of homelessness and link people to other systems of care as appropriate. HCHN offers case management programs for homeless families and for chronic public inebriates, a 22-bed Medical Respite for homeless persons, an outreach partnership with Public Health's Tuberculosis Control program, and training and technical assistance for homeless agencies on various health and safety topics.⁹⁷

Safe Harbors

Safe Harbors is a joint project of the City of Seattle, King County, and the United Way of King County. The goal of Safe Harbors is to design and implement an outcome-based, computerized system to facilitate timely, efficient, and effective access to needed services and supports for persons who are homeless in Seattle and King County. The system could function on several levels. The most basic would be an online source of information and referral. The second level would involve compiling system-wide data about services requested by people in need and provided by various agencies. The most intensive level would allow sharing of certain case management information on individuals between agencies. Depending on the levels that are implemented, the Safe Harbors system could improve access to services for homeless people, streamline data collection and reporting for providers, and provide data about homelessness in King County for funders and planners.⁹⁸

⁹⁷ Health Care for the Homeless Network, Fact Sheet, May 2004. More information is available online: www.metrokc.gov/health/hchn/about.htm.

⁹⁸ More information is available online: www.safeharbors.org.

Sound Families

In July 2000, the Bill & Melinda Gates Foundation committed \$40 million toward housing homeless families. The grant establishes the Sound Families program with the goal of helping to create more than 1,500 transitional housing units in King, Snohomish, and Pierce Counties, and to serve as a catalyst for partnerships between service providers. The program will fund up to 20 percent of capital costs and as much as \$1,500 per unit per year in service and operating costs for the first five years of operation. In addition to the three counties, the City of Seattle and the City of Tacoma are involved with planning and administering the program.⁹⁹

Preliminary findings from the University of Washington evaluation showed that 292 families (341 adults and 524 children) had been served by Sound Families as of December 2003. Of those families, 109 had moved out and had spent an average of 8.3 months in transitional housing. More than two-thirds (66 percent) moved on to stable permanent housing, including Section 8, public housing, fair market housing, and other subsidized or long-term supportive permanent housing. Eighteen percent left to live with family members or friends; 7 percent went to a shelter, jail, or inpatient substance use treatment; and the whereabouts of 9 percent were unknown.¹⁰⁰

By the end of December 2003, Sound Families funded 42 programs, creating 540 service-enriched transitional units. An additional 201 units were funded through an Advanced Funding Initiative. The total number of units created was 741, which was nearly half of the overall goal of 1,500. Sixty percent of the programs are located in King County.¹⁰¹

Committee to End Homelessness in King County

The Committee to End Homelessness in King County (CEHKC) grew out of a community dialogue on homelessness convened by St. Mark's Cathedral in 2000 and the resulting feasibility committee that was established to investigate the possibility of creating a region wide response to homelessness. In 2002, eight organizations came together to form CEHKC in a unified effort to provide the vision and leadership required to develop and implement a Plan to End Homelessness in King County. Committee members and stakeholders in the planning process include homeless or formerly homeless persons, faith-based communities, youth, foundations, businesses, local governments, nonprofit human service providers, nonprofit housing developers, and advocates. At the time this plan was issued, CEHKC was in the process of finalizing the Plan to End Homelessness in King County.

HIV Enhanced Engagement Team (HEET)

The HIV Enhanced Engagement Team (HEET) model is a pilot project for post-incarcerated individuals who are currently/chronically homeless, have a substance use disorder, are HIV-positive, and are likely to have ongoing involvement with the criminal justice system. HEET has two primary goals: (1) to develop a flexible continuum of recovery-oriented, service-enriched, transitional and permanent housing dedicated to stabilizing members of this target population, and

⁹⁹ More information is available online: www.ci.seattle.wa.us/housing/SoundFamilies.htm.

¹⁰⁰ University of Washington School of Social Work, Northwest Institute for Children and Families, *Evaluation of the Sound Families Initiative, Preliminary Findings*, April 2004, p. 5. Available online: www.gatesfoundation.org/NR/Public/Media/Downloads/PNWG/SF/EvaluationSoundFamiliesInitiative.pdf (Accessed: June 16, 2004).

¹⁰¹ Ibid, p. 6.

(2) to expand street-based outreach and engagement services that provide both direct client services and coordination of services from multiple mainstream systems to enhance the delivery of appropriate care.

HEET seeks to demonstrate that a continuum of engagement, respite, pre-recovery, and recovery-oriented housing can increase positive housing outcomes, increase service linkages, and decrease jail episodes for persons with co-occurring HIV and substance use disorders. This unique model combines a broad continuum of housing and support services linked to client engagement and progression through stages of recovery with a high degree of flexibility. Partners in the HEET initiative include the Downtown Emergency Service Center (DESC), Evergreen Treatment Services (ETS), and AIDS Housing of Washington (AHW).

- DESC has set aside ten units of permanent housing for HEET clients in the Morrison Hotel in downtown Seattle. DESC established respite beds in collaboration with the Compass Center to provide a bridge between homelessness and housing for up to six individuals at a time.
- ETS sponsors the two HEET staff who will provide outreach, engagement, case management, service linkage, and self-sufficiency skills-building for up to forty individuals a year.
- AHW will continue staffing the AIDS Housing and Service Systems Integration (AHSSI) Advisory Council and assist the partners in developing cross-systems linkage agreements, identifying mainstream housing and support service resources, and planning and overseeing the program evaluation and dissemination of research findings.¹⁰²

Taking Health Care Home

The Corporation for Supportive Housing, with a \$325,000 grant from the Robert Wood Johnson Foundation, has launched the Taking Health Care Home initiative in Washington State. The goal is to increase housing units and resources for chronically homeless people. The effort is intended to increase the use of mainstream service funding, such as Medicaid and Supplemental Security Income (SSI) for services in supportive housing, in order to expand the inventory of housing for chronically homeless people. The City of Seattle, Office of Housing serves as the grantee. The statewide effort includes organizations involved in housing and supportive services in the City of Seattle, County of Spokane, and King County, including local government, AIDS Housing of Washington, the Department of Social and Health Services, and Community Trade and Economic Development.

The populations to be served include people with mental illness, physical disabilities, HIV/AIDS, a history of substance use, or multiple barriers to maintaining stable housing. The three main strategies are: 1) to increase the focus of local communities on ending chronic homelessness, 2) create a supportive housing pipeline of at least 300 additional units and increase access to existing permanent supportive housing, and 3) increase the systemic capacity to produce, operate, and provide supportive services. Additional funds from the Bill & Melinda Gates Foundation have also been provided to support this initiative.¹⁰³

¹⁰² Information provided by AHW, January 29, 2004.

¹⁰³ City of Seattle, Office of Housing, *Taking Health Care Home Newsletter*, vol. 1, issue 1, March 2004.

Out of the Rain

The United Way of King County's Homeless Initiative was launched in 1999 with a goal of developing new strategies and new resources to end homelessness in King County by 2010. United Way's role is to help define and shape the public perception of homelessness, to educate the public about homelessness, to bring people together to address homelessness, and to be a source of flexible funds. The Initiative prioritizes strengthening existing homeless services, addressing the underlying causes of homelessness, and funding emergency gaps.¹⁰⁴

¹⁰⁴ More information is available online: www.uwkc.org/ourcommunity/initiatives/outoftherain/default.asp.